

h21000225465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

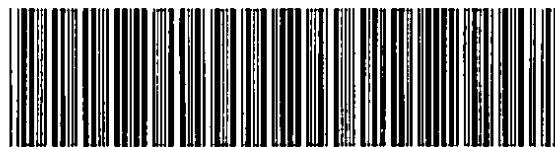
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7

SB 7/21/21

LAW OFFICES

# JOHNSTON & METEVIA, P.A.

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633 East Atlantic Boulevard • Pompano Beach, FL 33060  
(954) 942-6633 • fax (954) 942-3958 • [www.JohnstonAndMetevia.com](http://www.JohnstonAndMetevia.com)

THOMAS W. JOHNSTON, Esq.  
[tjwm1@aol.com](mailto:tjwm1@aol.com)

WHITNEY ANNE METEVIA, Esq.  
[wam@johnstonandmetevia.com](mailto:wam@johnstonandmetevia.com)

June 22, 2021

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: SLOANE SQUARE, LLC – L21000225465

Dear Sir or Madam:

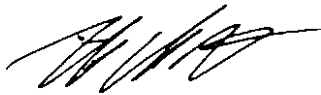
Please find enclosed Articles of Amendment to Articles of Organization for the above referenced Florida Limited Liability Company.

These Articles are being filed to correct the name of one of the authorized members. In the original Articles of Organization, "Jeff Watson" should have read "Jeffrey Brown".

Also enclosed is our check for \$25.00 for the filing fee. Please let me know if you require anything else.

Very truly yours,

Johnston & Metevia, P.A.



Whitney Anne Metevia

File No. 21-12  
Enclosures

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SLOANE SQUARE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 14, 2021 and assigned Florida document number 121000225465.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

*(Principal office address MUST BE A STREET ADDRESS)* \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

*(Mailing address MAY BE A POST OFFICE BOX)* \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JEFF WATSON	1194 HILLSBORO MILE, VILLA 48	<input type="checkbox"/> Add
		HILLSBORO BEACH, FL 33062 USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JEFFREY BROWN	1194 HILLSBORO MILE, VILLA 48	<input checked="" type="checkbox"/> Add
		HILLSBORO BEACH, FL 33062 USA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 06-11-2008 BY 60322  
UCBAW

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 18, 2021

Circa A. Nelson

Signature of a member or authorized representative of a member

CIERRA WATSON

Typed or printed name of signee

**Filing Fee: \$25.00**